

MDR Tracking Number: M5-04-1303-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution –General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 01-13-04.

The IRO reviewed joint mobilization, computer data analysis, therapeutic exercises, aquatic therapy, office visits with manipulation, prolonged services, special reports and manual traction rendered from 03-08-03 through 05-21-03 that were denied based upon “U”.

The Medical Review Division has reviewed the IRO decision. The IRO has not clearly determined the prevailing party over the medical necessity issues. Therefore, in accordance with §133.308(q)(2)(C), the commission shall determine the allowable fees for the health care in dispute, and the party who prevailed as to the majority of the fees for the disputed health care is the prevailing party.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS	Reference	Rationale
03-20-03 03-22-03	97110	\$140.00 (2 units @ \$70.00 X 2 DOS)	\$0.00	U	\$35.00	IRO DECISION	IRO determined medical necessity for 1 unit of service for each date of service. Reimbursement recommended in the amount of \$35.00 X 2 DOS = \$70.00
04-03-03 04-04-03 04-10-03 04-23-03 04-28-03 05-06-03 05-19-03 05-19-03 (7 DOS)	97110	\$665.00 (2 units @ \$70.00 DOS 04-23-03 through 04-28-03 and DOS 05-19- 03 and 3 units @ \$105.00 DOS 04-28-03, 05- 06-03 & 05- 19-03)	\$0.00	U	\$35.00	IRO DECISION	IRO determined services were not medically necessary. No reimbursement recommended.
03-20-03 03-22-03	97113	\$208.00 (2 units @ \$104.00 X 2 DOS)	\$0.00	U	\$52.00	IRO DECISION	IRO determined medical necessity for 1 unit of service for each date of service. Reimbursement recommended in the amount of \$52.00 X 2 DOS = \$104.00
03-28-03 through 05-06-03 6 DOS)	97113	\$624.00 (2 units @ \$104.00 X 6 DOS)	\$0.00	U	\$52.00	IRO DECISION	IRO determined services were not medically necessary. No reimbursement recommended.

05-06-03 05-19-03	97122	\$140.00 (2 units @ \$70.00 X 2 DOS)	\$0.00	U	\$35.00	IRO DECISION	IRO determined services were not medically necessary. No reimbursement recommended.
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DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS	Reference	Rationale
05-06-03 05-19-03	99213- MP	\$100.00 (1 unit @ \$50.00 X 2 DOS)	\$0.00	U	\$48.00	IRO DECISION	IRO determined services were not medically necessary. No reimbursement recommended.
05-21-03	99080	\$51.00	\$0.00	U	DOP	IRO DECISION	IRO determined services were medically necessary. Reimbursement recommended in the amount of \$51.00
03-11-03 through 05-19-03 (4 DOS)	97265	\$180.00 (1 unit @ \$45.00 X 4 DOS)	\$0.00	U	\$43.00	IRO DECISION	IRO determined services were not medically necessary. No reimbursement recommended.
03-08-03 through 04-26-03 (8 DOS)	99090	\$880.00 (1 unit @ \$110.00 X 8 DOS)	\$0.00	U	\$108.00	IRO DECISION	IRO determined services were not medically necessary. No reimbursement recommended.
04-03-03 05-19-03	99354	\$220.00 (1 unit @ \$110.00 X 2 DOS)	\$0.00	U	\$106.00	IRO DECISION	IRO determined services were not medically necessary. No reimbursement recommended.
TOTAL		\$3,104.00					The requestor is entitled to reimbursement of \$225.00

The IRO concluded that therapeutic exercise, aquatic therapy with therapeutic exercise, manual traction therapy, office visits with manipulation from 03-23-03 through 05-21-03, joint mobilization, computer data analysis and prolonged services from 03-08-03 through 05-21-03 **were not** medically necessary. The IRO concluded that special reports from 03-08-03 through 05-21-03 and one unit of therapeutic exercise, aquatic therapy with therapeutic exercise, manual traction therapy and office visits with manipulation from 03-08-03 through 03-22-03 **were** medically necessary.

On this basis, the total amount recommended for reimbursement (**\$225.00**) does not represent a majority of the medical fees of the disputed healthcare and therefore, the requestor did not prevail in the IRO decision. Consequently, the requestor is not owed a refund of the paid IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 05-20-04, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS	Reference	Rationale
02-27-03 03-06-03	64550	\$202.00 (1 unit @ \$101.00 X 2 DOS)	\$0.00	F	\$101.00	Rule 133.307 (g)(3)(A-F)	Requestor submitted relevant information to support delivery of service. Reimbursement recommended in the amount of \$202.00
04-04-03	97122	\$70.00 (2 units)	\$35.00	O	\$35.00	96 MFG GR(I)(9)(b)	Requestor submitted relevant information to support delivery of service. Additional reimbursement recommended in the amount of \$35.00
04-04-03	97124	\$56.00 (2 units)	\$28.00	D	\$28.00	Rule 133.307 (g)(3)(A-F)	Requestor submitted relevant information to support delivery of service. Additional reimbursement recommended in the amount of \$28.00
04-23-03	99354	\$110.00 (1 unit)	\$0.00	F	\$106.00	Rule 133.307 (g)(3)(A-F)	Requestor submitted relevant information to support delivery of service. Reimbursement recommended in the amount of \$106.00
04-28-03	99080-73	\$15.00 (1 unit)	\$0.00	F	\$15.00	Rule 133.106(f)	TWCC required report. Respondent raised no other issues. Reimbursement recommended in the amount of \$15.00
TOTAL		\$453.00					The requestor is entitled to reimbursement of \$386.00

ORDER

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Decision is applicable for dates of service 02-27-03 through 04-23-03 in this dispute.

This Findings and Decision and Order are hereby issued this 6th day of July 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

NOTICE OF INDEPENDENT REVIEW DECISION

April 22, 2004

AMENDED LETTER

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
7551 Metro Center Drive, Suite 100, MS 48
Austin, TX 78744-1609

RE: MDR Tracking #: M5-04-1303-01
 IRO Certificate #: IRO4326

The ____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ____ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

____ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in Chiropractic Medicine. ____'s health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ____ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This is a 24 year old female that has sustained an acute, repetitive motion occupational stress injury of the wrist and hand, bilaterally. She complained of tenderness, soreness and stiffness in the forearm, the wrist and the hand, bilaterally. The patient is having problems with activities of daily living including gripping, pushing, pulling and reaching. Her treatment plan included joint mobilization, computer data analysis, therapeutic exercises, aquatic therapy neuromuscular re-education and manual traction.

Requested Service(s)

Joint mobilization, computer data analysis, therapeutic exercises, aquatic therapy, office visits with manipulation, prolonged services, special reports and manual traction from 03/08/03 through 05/21/03

Decision

It is determined that one unit of therapeutic exercise, aquatic therapy with therapeutic exercise, manual traction therapy and office visits with manipulation are approved per visit from 03/08/03 through 03/22/03. Special reports from 03/08/03 through 05/21/03 were medically necessary. Therapeutic exercise, aquatic therapy with therapeutic exercise, manual traction therapy and office visits with manipulation from 03/23/03 through 05/21/03 were not medically necessary. The joint mobilization, computer data analysis, and prolonged services from 03/08/03 through 05/21/03 were not medically necessary.

Rationale/Basis for Decision

The injury was to fairly localized body parts with small joints. It was not medically necessary to exceed 15 minutes of therapeutic exercise, followed by an additional 15 minutes of aquatic therapy and in some encounters, an additional 15 minutes of manual traction per visit. Therefore, one unit of treatment was approved per encounter.

The joint mobilization was duplicative with manipulation and was therefore not medically necessary.

The medical record and the diagnoses submitted do not support the medical necessity for the performance of the prolonged physician services or the analysis of computer data.

Furthermore, all services and procedures were not medically necessary after 03/22/03 due to the lack of response to treatment. The office notes of 03/20/03 and 03/25/03 repeatedly state "this complaint remains unchanged." While it was certainly reasonable and medically necessary to initiate a trial of conservative chiropractic care for an injury of this type, the standard of care dictates that if, after four weeks of care, there is little or no response, some kind of change in the treatment protocol should be made.

Therefore, one unit of therapeutic exercise, aquatic therapy with therapeutic exercise, manual traction therapy and office visits with manipulation are approved per visit from 03/08/03 through 03/22/03. Special reports from 03/08/03 through 05/21/03 were medically necessary. Therapeutic exercise, aquatic therapy with therapeutic exercise, manual traction therapy and office visits with manipulation from 03/23/03 through 05/21/03 were not medically necessary. The joint mobilization, computer data analysis, and prolonged services from 03/08/03 through 05/21/03 were not medically necessary.

Sincerely,